

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 3
30-025-35171

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER New Drilling

2. Name of Operator
Chesapeake Operating, Inc.

3. Address of Operator
P.O. Box 18496, Okla. City, OK 73154-0496

4. Well Location
Unit Letter B : 1096 Feet From The N Line and 2444 Feet From The E Line
Section 10 Township 16S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR: 3901'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: 9-5/8" Csg ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

08/20/00 RU Csg crew, run 100 jts 9-5/8" 40# K-55 LT&C csg @ 4340'. RU cmt crew, circ 15 BFW, cmt w/1390 sx Cl. C + additives, 12.4 PPG, 2.22 yield, continue w/100 sx Cl. C + additives, 14.8 PPG, 1.34 yield, bump plug, floats holding, 75 bbls cmt returns, RD cmt crew, WOC 27 hours, clean mud tanks, ND 13-5/8" stack, make rough cut, set stack, but hoff head, weld on, test to 1000#, NU BOP's & choke manifold

08/21/00 Tag cmt @ 4270', test csg 1000#, drlg cmt & float equip.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barbara J. Bale TITLE Regulatory Analyst DATE 08/24/00

TYPE OR PRINT NAME Barbara J. Bale TELEPHONE NO. (405) 848-8000

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: